

APPENDIX A

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 12, 1999

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MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF EDUCATION
THE SECRETARY OF AGRICULTURE

SUBJECT: School-Based Health Insurance Outreach for Children

The lack of health insurance for millions of Americans remains one of the great challenges facing this Nation. To help address this issue, I worked with the bipartisan Congress to create the Children's Health Insurance Program (CHIP), the single largest expansion of children's health insurance in 30 years. The 1997 Balanced Budget Act allocated \$24 billion over 5 years to extend health care coverage to millions of uninsured children in working families. CHIP builds on the Medicaid program, which currently provides health coverage to most poor children, and together, these programs could cover most uninsured children.

Yet too few uninsured children eligible for CHIP or Medicaid participate. Barriers to enrollment include parents' lack of knowledge about the options; cultural and language barriers; complicated application and enrollment processes; and the "stigma" associated with so-called welfare programs. The Vice President and I have made removing these barriers to enrollment a high priority. In 1997, I launched a major public-private outreach campaign called "Insure Kids Now." Foundations, corporations, health care providers, consumer advocates, and others have participated through activities such as setting up enrollment booths at supermarkets and promoting the national toll-free number (1-877-KIDS NOW) on grocery bags, TV and radio ads, and posters. In addition, we created a Federal Interagency Task Force on Children's Health Insurance Outreach in February 1998, which has implemented over 150 new activities to educate and train Federal workers and families nationwide about the availability of Medicaid and CHIP.

Today I am directing the Secretaries of Health and Human Services, Education, and Agriculture to focus children's health insurance outreach on a place where we know we can find uninsured children: schools. State experience indicates that school systems are an ideal place to identify and enroll uninsured children in Medicaid or CHIP because schools are accepted by parents as a conduit for important information. In addition, health insurance promotes access to needed health care, which experts confirm contributes to academic success. We have learned that children without health insurance suffer more from asthma, ear infections, and vision problems -- treatable conditions that

frequently interfere with classroom participation; and children without health insurance are absent more frequently than their peers. As we strive for high standards in every school and classroom, it is essential that we help families ensure their children come to school ready to learn.

Therefore, I hereby direct you, in consultation with State and local agencies, to report to me a set of recommendations on specific actions to encourage and integrate health insurance enrollment and outreach for children into schools, consistent with the mission of your agency. This report shall include:

- Specific short- and long-term recommendations on administrative and legislative actions for making school-based outreach to enroll children in Medicaid and CHIP an integral part of school business. These may include technical assistance and other support to school districts and schools engaged in outreach; suggestions on how to effectively use the school lunch program application process to promote enrollment in health insurance programs; lists of practices that have proven effective, such as integration of outreach and enrollment activities into school events such as registration, sports physicals, and vision and hearing testing; and model State CHIP and Medicaid policies and plans for school-based outreach.
- A summary of key findings from the national and regional conferences scheduled for this fall on the topic of school-based outreach. These conferences will bring together national and State education officials, Medicaid and CHIP directors, public policy experts, and community-based organizations to examine the use of schools to facilitate the enrollment of children in Medicaid and CHIP; evaluation tools to monitor the effectiveness of current school-based outreach efforts; and best practices in school-based outreach and enrollment for children's health insurance.
- Recommendations on methods to evaluate CHIP and Medicaid outreach strategies in schools. Performance measures should be an integral part of school-based CHIP and Medicaid outreach strategies, as they can inform policy-makers on the effectiveness of these strategies, as well as help to identify areas of improvement.

I direct the Department of Health and Human Services to serve as the coordinating agency to assist in the development and integration of recommendations and to report back to me in 6 months. The recommended actions should be consistent with Medicaid and CHIP rules for coverage of appropriate health- and outreach-related activities. They should be developed in collaboration with State and local officials as well as community leaders and should include recommendations on fostering effective partnerships between education and health agencies. These recommended activities should be complementary, aggressive, and consistent with my Administration's overall initiative to cover uninsured children.

WILLIAM J. CLINTON

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APPENDIX B

REPORT TO THE PRESIDENT ON SCHOOL-BASED OUTREACH

Recommendation 1: Facilitate outreach and enrollment activities between Medicaid/SCHIP and other public programs with similar eligibility criteria, such as the National School Lunch Program (NSLP).

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
1.1 Implement the provisions in the Agriculture Risk Protection Act of 2000 that amend the National School Lunch Act.	1.1.1 Send letter to SCHIP/Medicaid agencies explaining the changes to information sharing with NSLP and encouraging collaboration with their Child Nutrition Agency.	HHS	Summer 2000	
	1.1.2 Send letter to Child Nutrition State agencies encouraging cooperation with SCHIP/Medicaid and identifying a SCHIP/Medicaid coordinator. Explain the criteria and conditions for disclosing free and reduced price eligibility information with SCHIP/Medicaid.	USDA	July 2000	
	1.1.3 Distribute to Child Nutrition State Directors two USDA developed prototype forms: 1) Agreement for sharing eligibility information between local school food service and other agencies, including SCHIP/Medicaid; and 2) Prototype notification to parents about potential disclosure of their free and reduced price eligibility information and their option to refuse disclosure.	USDA	Summer 2000	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
1.2 Use the National School Lunch Program to increase awareness about Medicaid/SCHIP and identify potential enrollees.	1.2.1 Recommend that State Child Nutrition Directors encourage local food service directors to include health insurance outreach materials with school lunch package distributed to all households at the beginning of the school year.	USDA	March annually	3.2
	1.2.2 Encourage food service and State Medicaid/SCHIP staff to work together to develop a plan for the transfer of school lunch eligibility information to SCHIP/Medicaid eligibility workers for follow-up.	USDA HCFA	Ongoing	
	1.2.3 Keep State Child Nutrition Directors updated on SCHIP/Medicaid through electronic transmissions and presentations at Federal/State Child Nutrition meetings.	USDA	Ongoing	
	1.2.4 Identify model information exchange programs and publicize on website.	USDA HCFA	Ongoing	

Recommendation 2: Provide technical assistance and support to help States, communities, health care providers and schools implement school-based outreach and enrollment activities for Medicaid/SCHIP.

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
2.1 Develop and disseminate “how to” guides for States, school districts, schools and health care providers on conducting school-based outreach and enrollment.	2.1.1 Let contract for guide. 2.1.2 Receive, publish, distribute deliverable. 2.1.3 Post guides to the <i>Insure Kids Now!</i> website.	HHS/ED/ USDA	Summer 2000	3.2
2.2 Work in partnership with private/public organizations to support up to three regional community-based training centers to prepare school and community staff to participate in outreach activities.	2.2.1 Identify model, school-based outreach locations. 2.2.2 Establish partnerships to help fund centers. 2.2.3 Create training materials. 2.2.4 Advertise availability of training through listserv, conference calls and webpage. Begin training program.	HCFA	Sept. 2000 Ongoing Ongoing Sept. 2000	2.1, 2.7, 2.8
2.3 Support passage of an amendment to the Medicaid statute to include all schools engaged in outreach and enrollment activities as “qualified entities” (entities allowed, at the State option, to determine presumptive eligibility under Federal Medicaid statute).	2.3.1 Gather best practices from States that use presumptive eligibility to enroll children in schools. 2.3.2 Disseminate this information via the listserv, webpage and conference calls. 2.3.3 Develop legislative language for President’s FY 2001 budget. 2.3.4 Meet with interested groups on language to assure confidentiality/privacy concerns are addressed.	HHS	Ongoing	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
2.4 Work with HHS Regional Offices to use current SCHIP monitoring visits to provide technical assistance to States as they continue to work with schools to enroll children. Regional Offices can identify best practices that can be shared with other States.	2.4.1 Discuss school-based outreach issues at Regional/Central Office meetings regarding SCHIP monitoring visits. 2.4.2 Encourage Regional Offices to share best practices following monitoring visits.	HHS	Ongoing	
2.5 Work with national education organizations, advocacy groups and other education leaders to promote school-based outreach and enrollment.	2.5.1 Continue to convene established stakeholder group. 2.5.2 Identify national offices of community based organizations providing application assistance. 2.5.3 Contact national offices. 2.5.4 Disseminate results of contacts on listserv, website. 2.5.5 Develop collaboration between national and local partners.	ED HHS/ED/ USDA HHS/ED/ USDA HHS/ED/ USDA	Ongoing Ongoing Ongoing Ongoing	2.7, 2.8
2.6 Work with States to encourage the development and evaluation of projects that simplify SCHIP and Medicaid enrollment for children enrolled in other Federal programs.	2.6.1 Assist States in developing projects that simplify Medicaid/SCHIP enrollment by coordination with other public programs. 2.6.2 Identify new and effective ways to simplify the application and enrollment process by piloting and evaluating innovative efforts on a small scale.	HHS HCFA	Ongoing Sept 2000	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
2.7 Create an inter-Departmental electronic mail listserv to facilitate communication, problem solving and exchange of timely information from schools, health agencies and community groups partnering in outreach and enrollment. Share appropriate and timely information related to program implementation, policy development and legislative changes of Federally-funded programs.	2.7.1 Develop listserv capability on Internet page. 2.7.2 Develop address list for listserv. 2.7.3 Post information as appropriate.	HHS/ED/ USDA	July 2000 July 2000 Ongoing	
2.8 Hold regular telephone conferences with electronic mail listserv subscribers from schools, health agencies and community groups to share information about initiating efforts, maintaining efforts, funding sources, promising practices, evaluating efforts and managing barriers. Post summaries or highlights electronically on the <i>www.insurekidsnow.gov</i> website.	2.8.1 Work with States, providers, school officials and community organizations to identify topics for conference calls. 2.8.2 Advertise conference calls through listserv. 2.8.3 Update school-based webpage on <i>www.insurekidsnow.gov</i> website. 2.8.4 Link webpage to USDA/FNS and ED websites. 2.8.5 Post conference call summaries and highlights to webpage.	HHS HHS HHS USDA/ED HHS	Ongoing Ongoing July 2000 Ongoing	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
2.9 Provide additional targeted technical assistance to interested States that have not taken advantage of options available under current law for streamlining and simplifying SCHIP and Medicaid enrollment and redetermination processes.	2.9.1 CompCare contract with Health Systems Research, Inc. is available to provide technical assistance. All states will have an opportunity to receive technical assistance under this contract.	HRSA HCFA	Through FY 2004	
	2.9.2 Conduct low-cost site visits, meetings or conferences around school-based outreach issues.	HHS	Ongoing	
	2.9.3 Utilize monitoring visits and 03/31/00 State evaluations to determine technical assistance needs and interests.	HHS	Ongoing	

Recommendation 3: Encourage new or additional school-based outreach and enrollment efforts by assisting States and schools to identify and maximize funding opportunities.

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
3.1 Encourage State Medicaid agencies to utilize the special \$500 million fund set aside for Medicaid outreach following welfare reform to fund school-based outreach and enrollment activities, in accordance with Federal guidance.	3.1.1 To the extent possible, information about state by state expenditures and balances will be disseminated regularly by HCFA.	HCFA	Ongoing	
	3.1.2 Encourage HHS Regional Directors to continue to discuss the availability of the fund in their regions.	HHS/IGA	Ongoing	
	3.1.3 Provide RO staff with a list of State education and nutrition contacts that they can share with the State Medicaid/SCHIP staff to partner and discuss the use of the remaining funds.	USDA/ED	June 2000	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
<p>3.2 Develop guidance letters, workshops and other forms of technical assistance detailing options available under current law for States to receive Federal match for reimbursing schools and other entities that are conducting outreach and enrollment activities. Guidance on how school districts and schools can contract with State Medicaid/SCHIP agencies to get reimbursed for their outreach and enrollment work should be a priority. Include guidance and sample Memoranda of Understanding to assist State Child Nutrition Directors, food service personnel, school district personnel and others whose commitment to carrying out outreach activities is contingent on reimbursement for the costs associated with these efforts.</p>	<p>3.2.1 Guidance on the continued availability of the \$500 million delinking fund has already been distributed by HCFA to States.</p>	HCFA	Completed	
	<p>3.2.2 Develop a guide on Administrative Claiming for School-Based Services.</p>	HCFA	Summer 2000	
	<p>3.2.3 Develop and distribute guidance to State Child Nutrition Directors about reimbursement for the costs of outreach for food service offices.</p>	HCFA/ USDA	Sept 2000	
	<p>3.2.4 Develop guidance on issues raised by States on conference calls.</p>	HHS	Ongoing	

Strategy:	Action Steps:	Dept/ Agency	Time Line	Related Strategies
3.3 Develop a model Memorandum of Understanding (MOU) that can be used by Medicaid/SCHIP agencies in collaborating with State Education Agencies, Federally- funded grantees, foundation grantees and school districts for conducting and funding outreach and enrollment activities.	3.3.1 Regional Office staff will share with Central Office any already existing MOUs that exist in States to help develop the model. 3.3.2 Develop and disseminate model MOU.	HHS HHS	June 2000 July 2000	2.7, 2.8
3.4 Facilitate partnerships between public and private entities to identify new and innovative funding streams to pay for school-based outreach and enrollment.	3.4.1 Meet with foundations and others to learn about funding options for States. 3.4.2 Meet with national organizations for integrated health systems, hospitals, managed care organizations. 3.4.3 Disseminate findings on listserv, website.	HHS/ED	Ongoing	2.5, 2.9

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